

North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

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Communication Bulletin

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MEMORANDUM

To: Legislative Oversight Committee Members

Commission for MH/DD/SAS

Consumer/Family Advisory Committee Chairs State Consumer Family Advisory Committee

Advocacy Organizations and Groups

North Carolina Association of County Commissioners

County Managers
County Board Chairs

North Carolina Council of Community Programs

State Facility Directors Area Program Directors Area Program Board Chairs DHHS Division Directors Provider Organizations

MH/DD/SAS Professional Organizations and Groups MH/DD/SAS Stakeholder Organizations and Groups

Other MH/DD/SAS Stakeholders

From: Mike Moselev

Communication Bulletin #60

Legislative Changes to the Structure of Area Boards

The North Carolina General Assembly recently enacted legislation which made several changes to Chapter 122C, the Mental Health, Developmental Disabilities and Substance Abuse Services Act of 1985. The legislation, S. L. 2006-142, became effective July 19, 2006. The full legislation may be reviewed online at http://www.ncga.state.nc.us/Sessions/2005/Bills/House/HTML/H2077v5.html. I want to specifically call to your attention to some of the changes that relate to the composition and structure of Area Boards:

- Appointments to the board no longer require <u>equitable</u> representation of the disability groups. The
 disability groups must still be represented, but that representation does not have to be equitable. The
 membership of the board must still reflect an equitable representation among the participating
 counties.
- Boards must now include <u>two</u> individuals with financial expertise. This replaces the old requirement of an individual with financial expertise or a county finance officer.
- The previous legislative language required <u>at least</u> fifty percent (50%) of the board to be comprised of a physician, a clinical professional from one of the disability fields, a family member or individual from a citizen's organization from <u>each</u> disability group and one openly declared consumer from



Re:

<u>each</u> of the disability groups. The new legislation states that <u>not more than</u> fifty percent (50%) of the members of the board shall be comprised of a clinical professional from one of the disability fields, a family member or individual from a citizen's organization from <u>one of the</u> disability groups and <u>at</u> least one openly declared consumer from one of the disability groups.

- A board member may fill concurrently <u>no more than two</u> categories of membership if the member has the qualifications or attributes of the two categories of membership.
- The terms of the members on an area board, other than county commissioners, are for three years (they were previously four year terms) and those members may serve no more than two consecutive terms. County commissioner members serve ex officio and may serve for as long as they are county commissioners.
- Upon the initial formation of an area board one-third of the members shall be appointed for one year, one-third for two years, and all remaining members for three years.
- Board members serving as of July 1, 2006 may remain on the board for one additional term.

If an area board is currently under the maximum number of members – 25 for most area authorities or 30 for an area authority serving eight counties with a combined population in excess of 500,000 – it may be possible to bring the composition of the area board into compliance with these new requirements immediately by adding members to meet the requirements of two individuals with financial expertise and at least fifty percent (50%) of the members <u>not</u> representing the physician, clinician, family, advocacy and consumer category. If an area board is currently at the maximum number of members, the appointing authorities should make new appointments in a manner that gradually brings the board into compliance with the new requirements as vacancies occur.

Should you have any questions regarding this Communication Bulletin, please contact us at ContactDMH@ncmail.net.

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